

DPM, POST MORTEM RISK ASSESSMENT

FOR-APMO-003

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Place patient label here

Place lab number here

Completed by: _____

| QUESTION | Y/N | ACTION |
|--|-----|--------|
| Do the clinical circumstances suggest that the death is reportable? | | |
| Has the consent form been completed and signed? | | |
| Has consent for autopsy been obtained from the Senior Next of Kin? (Refer to front of death certificate for definition) | | |
| Have you ascertained whether the autopsy is full or limited, and what restrictions have been placed on the retention of tissue? | | |
| Is the patient known to have positive HIV, hepatitis C, hepatitis B or viral haemorrhagic fever serology? (check) | | |
| Did the patient have microbiological evidence of influenza ? (check) | | |
| Does the patient have a history of tuberculosis, or was tuberculosis considered as a clinical possibility (including on the basis of radiological findings)? | | |
| Did the patient die from a community acquired respiratory illness of undermined cause? | | |
| Did the patient die in the setting of rapidly progressive dementia (raising the possibility of CJD or other spongiform encephalopathies)? | | |
| Is the case suitable for LICR laboratory donation (consent without conditions, no known infectious hazard)? | | |
| Is the case suitable for attendance by medical students (non-infectious)? | | |
| Is the patient in excess of 180kg. | | |

Pathologist signature: _____

Date: _____

REFERENCES

SOP-APMO-003 DPM, Documentation Requirements

SOP-APMO-007 DPM, Performing a Post Mortem